

***Introduction to Special Education:
Making a Difference***

Seventh Edition

**Chapter 8
Intellectual and Developmental
Disabilities**

Introduction to Special Education:
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Deborah Deutsch Smith

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Chapter Objectives

- Justify discontinuing the use of the term “mental retardation.”
- Discuss the key components of the 2002 AAMR definition of intellectual disabilities, and explain the levels of severity and outcomes of people with this disability.
- Explain the four levels of supports and how they make a difference in the lives of people with intellectual disabilities.
- Describe two ways in which causes of disabilities can be organized, and list three major known causes of intellectual disabilities.
- Describe self-determination and how that data-based approach makes a difference in the results of individuals with intellectual disabilities.

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Change of terms

- 2007: The oldest professional organization (AAMR) concerned with individuals with disabilities changed its term from “mental retardation” to “intellectual and developmental disabilities” (AAIDD).
- Many terms with negative connotations have been used historically (“imbecile,” “moron,” “retardate”).
- It was hoped that a new term would not carry a negative connotation.
- Changing a name, however, doesn’t always change negative stereotypes.

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Historical Contexts

- 1799: Jean-Marc-Gaspard Itard begins work with Victor.
- 1848: Samuel Gridley Howe expands the Perkins Institute for the Blind in Boston to include individuals with mental retardation.
- 1876: The oldest U.S. organization in special education, called the Association of Medical Officers of American Institutions, is now named the American Association on Mental Retardation (AAMR).
- 1877–1912: Richard Dugdale and Henry Goddard maintain that because mental retardation is hereditary, nothing can be done and people with MR should be removed from society.

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Historical Contexts

- 1921: AAMR releases its first definition.
- 1954: The Association for Retarded Citizens (now called ARC) is founded by a group of concerned parents.
- 1960s: Bengt Nirje publishes the concept of normalization.
- 1970s: Wolf Wolfensberger calls for deinstitutionalization.
- 2002: AAMR sets forth its tenth definition of mental retardation.

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**Challenges that Intellectual
Disabilities Present**

- Learning more difficult than typical learners
- Face bias and prejudice due to stigmas and labels
- People with intellectual disabilities:
 - Are people first.
 - Have hopes and dreams like everyone else.
 - Face many obstacles.
 - Often require considerable support.

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Intellectual Disabilities or Mental Retardation Defined

- American Association of Intellectual and Developmental Disabilities (AAIDD):
 - Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.
 - The condition occurs before age 18.
- IDEA '04
 - Still uses the term Mental Retardation.
 - Disability occurs or is identified during or before school years.
 - Significant sub-average intellectual functioning existing concurrently with deficits in adaptive behavior.

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AAIDD Major Components of Intellectual Disabilities

Major Components		
Intellectual Functioning	Adaptive Behavior	Systems of Support
Significantly below average determined by clinical judgement or IQ tests	What everyone uses to function in everyday life	The networks of people we all need in life
Below 97% of the population IQ must be 2 standard deviations below the norm	Includes three adaptive skill areas	Supports for persons with ID are offered at four levels of intensity
Mild intellectual disabilities IQ 50-69	1. Conceptual language, money concepts, self-direction, reading and writing	1. Intermittent Provided as needed; often during life-span transitions
Moderate intellectual disabilities IQ 35-49	2. Social interpersonal, self-esteem, obey laws, avoiding victimization	2. Limited Time-limited supports such as employment training or transitional supports
Severe intellectual disabilities IQ 20-34	3. Practical self-help, life skills, safety, occupational skills	3. Extensive Regular involvement in at least some environments; not time limited
Profound intellectual disabilities IQ under 20		4. Pervasive Daily involvement; long-term support

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Characteristics

- Three defining characteristics are problems with:
 - Cognition.
 - Adaptive behavior.
 - Needing supports to sustain independence.
- Cognitive impairments affect:
 - Communication.
 - Attention.
 - Memory.
 - Generalization abilities.
 - Motivation.
- Adaptive behavior is:
 - Vital to an individual's successful functioning as an adult in the community.
 - Best developed when taught directly.
- Supports needed
 - Natural
 - Unpaid
 - Generic
 - Specialized

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Prevalence

- Slightly less than 1% of all children are identified and receive services.
- Why is this percent lower than the estimated 3%?
 - Districts prefer to use other categories.
 - Not all students with cognitive disabilities are identified with intellectual disabilities as their primary disability.
 - Concern about over-represented groups (such as minorities) lead educators to use other categories.

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Causes

- Causes
 - Many remain unidentified (The ARC, 2002)
 - AAMR organizes by time of onset:
 - Prenatal
 - Postnatal
 - Toxins:
 - FAS
 - Lead poisoning
 - Mercury, pesticides, and industrial pollution
 - Low birth weight
 - Child abuse and neglect
 - Discrimination and bias
- Genetic Causes
 - Down Syndrome
 - An extra chromosome attaches to the 21st pair
 - Phenylketonuria (PKU)
 - Metabolic error in processing protein; can be controlled by diet
 - Fragile X Syndrome
 - A condition identified by a break or weakness on the long arm of the X chromosome

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Prevention

- Ways to prevent intellectual disabilities
 - Education
 - Testing expectant mothers
 - Analyzing risk factors
 - Screening infants
 - Prenatal Care
 - PKU screening
 - Vaccinations
 - Nurturing home and school environments

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Assessment

- Students with ID are identified by assessing their intellectual functioning and their adaptive skill abilities.
- After identification, an assessment of the need for support is conducted to determine interventions and intensity of services.
- IQ tests have been criticized because they:
 - Do not reliably predict an individual's abilities.
 - Discriminate against culturally and linguistically diverse students.
 - Do not lead to educationally useable results (National Research Council, 2002).
- Assessment of individuals' adaptive behavior remains important for this category.
- Use of mental age is not recommended because it leads to misinterpretations and inappropriate comparisons.

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Early Identification

- Many students come to school already identified.
 - Children identified early will receive a Individualized Family Service Plan (IFSP).
- Pre-referral
 - Teachers need to collect data that reflects classroom performance, evidence-based instructional practices used for every skill of concern.
 - Monitor student to determine how he or she learns best.
- Identification
 - IQ scores alone are not enough.
 - Adaptive behavior *must* also be considered.
- Evaluation: Alternate Assessments
 - Many students with ID participate in alternate curriculum and therefore are evaluated through alternate assessments.

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Early Intervention

- Can reduce the severity of cognitive disabilities or may even prevent them (Guralnick, 1998; U.S. Department of Education, 2001).
- Research studies show positive results from early pre-school experiences: higher IQ scores, high school graduation, income, home ownership.
- Inclusive education is more prevalent at the preschool level than in the K-12 setting.
 - Children with ID in preschool play more with typically-developing peers and have higher rates of social interaction than those who did not attend preschool.
 - Typically-developing children gain appreciation and respect for individual differences.

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Teaching Students with ID

- Access to the General Education Curriculum
 - Most students with ID do not access general education curriculum.
 - There is much room for improvement in this area.
- Instructional Accommodations
 - For some academic content, students may require modifications (more adjustments to curriculum), including reduction or alteration of assignments.

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Data-Based Practices: Self-determination

- This instructional approach provides explicit instruction and guided practice to become more independent.
- Individuals with higher levels of self-determination skills tend to graduate from high school, obtain and hold employment, and experience adult success at rates higher than those with low self-determination skills.
- Students learning self-determination skills learn how to self-advocate, make choices, set goals, solve problems, and evaluate their own performance.

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Technology

- E-Buddies
 - Email system allowing students with intellectual disabilities to connect with each other across the nation.
 - This provides motivation to use computer and other systems of communication.
- Explicit instruction in how to use computers and other communication systems are an important part of curriculum for students with ID.

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Transition

- Functional curriculum: Focus on everyday life skills.
 - Holding a job
 - Maintaining friendships
 - Traveling independently from home
 - Living in a community
 - Examples: using cell phones, reading survival words (street signs and safety words), telling time, money skills
- Employment
 - Employment is very important to independence.
 - Vocational rehabilitation programs provide training, counseling, and job placement services.

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Collaboration

- Multidisciplinary teams can make a real difference in the lives of students with ID.
 - Therapeutic recreation specialists can help students gain a greater presence and participation in community events, leading to less loneliness and unhappiness.
 - Adapted physical education (PE) can help students develop muscle strength through safe exercises.
- Developing extracurricular involvement
 - This rarely happens without collaboration between teachers and related service providers.

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Partnerships with Families and Communities

- Educators should:
 - Develop meaningful partnerships with their students' families.
 - Recognize all significant members of the family unit.
 - Understand that family members' support extends far beyond the school day, including the years after school is completed.
 - Include the entire family unit in planning meetings about the student's educational program.

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Challenge Question

What are some examples of the four levels of support?

How do they make a difference in the lives of people with intellectual disabilities?

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